STRATEGIC PLANNING GROUP FOR

SPGPPS

PRIVATE PSYCHIATRIC SERVICES

News

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From the Editor's Desk

Dr Bill Pring

This is the first edition of *SPGPPS News* for the year 2001. The critical developments within the SPGPPS that took place last year have been resolved.

In February 2001, the SPGPPS was put on more permanent footing with an agreement signed jointly by the strategic alliance partners.

The agreement has formalised the role of the SPGPPS as the key alliance for the further development of private sector mental health services.

National SPGPPS Secretariat

The agreement facilitates the establishment of the National SPGPPS Secretariat and implementation of the *SPGPPS Strategic Plan 2000-2003*.

The Secretariat will be managed by the Executive Officer of the SPGPPS, Mr Phillip Taylor. An Administrative Officer will be appointed shortly.

Implementation of the SPGPPS Data Collection and Analysis Project

Negotiations are almost completed for the implementation of the national model for the collection and analysis of a minimum data set with outcome measures for private, hospital-based, psychiatric services.

This will be achieved through the establishment of a Centralised Data Management Service (CDMS) within the National SPGPPS Secretariat.

The services of Mr Allen Morris Yates will be secured to manage the implementation of the Project over a three-year period.

2001 will also see the implementation of two other significant SPGPPS projects.

Consumer and Carer Participation Project

The SPGPPS has submitted a funding proposal to the Commonwealth Department of Health and Aged Care for a Project aimed at enhancing consumer and carer participation in the private psychiatric sector.

The better involvement of our patients and their carers can only strengthen the sector, if alliances are built strongly and for the longer term.

Our consumer representative, Ms Janne McMahon provides an update on developments in this edition of *SPGPPS News*.

Quality Improvement Project

The SPGPPS Quality Improvement Project will build on the quality improvement approaches and processes that currently exist in the private sector for mental health services.

The project will enable private sector stakeholders to participate in partnership to implement standards for mental health services to enhance the quality and effectiveness of the care provided by the private sector

The Community Development Project

This edition also carries a report on the second phase of the Community Development Project which aims to explore best practice in consumer and carer education and document positive initiatives that are emerging.

Guidelines for Determining Benefits for Health Insurance Purposes for Private Patient Hospital-based Psychiatric Care

A Working Party convened by the Royal Australian and New Zealand College of Psychiatrists has been liaising with the Commonwealth regarding acceptability for promulgation of guidelines that will be used to determine benefits, for health insurance purposes, for private patients receiving hospital-based psychiatric care.

A copy of the guidelines is to be considered by the meeting of the SPGPPS to be held on 23 February 2001.

The SPGPPS will be asked to consider and endorse the Guidelines for circulation to all stakeholders.

Dr Bill Pring
Editor

National SPGPPS Secretariat

Dr Jonathan Phillips and Dr Yvonne White

An *AMA Agreement for Services* to facilitate the establishment of a National SPGPPS Secretariat at the offices of the Federal AMA in Canberra was signed at the end of January 2001. The Agreement came into effect on 1 February 2001 and will remain in place until 1 February 2004.

The National SPGPPS Secretariat will provide support for meetings and associated activities of the SPGPPS and facilitate the further implementation of the *SPGPPS Strategic Plan 2000-2003*.

Funding

This has only been made possible by the financial SPGPPS alliance partners who have contributed a total of $219,276 towards the first year's levy. This includes funding for the SPGPPS consumer and carer representatives.

The Parties to the AMA Agreement are set out below.

- AMA
- Australian Private Hospitals Association (APHA) on behalf of all participating private hospitals with psychiatric beds;
- Australia Health Insurance Association (AHIA) on behalf of all participating health funds;
- Commonwealth Department of Health and Aged Care (CDHAC); and
- The Royal Australian and New Zealand College of Psychiatrists (RANZCP).

It is intended that the Royal Australian College of General Practitioners will become a Party to the Agreement at the end of its first year of operation and a financial member of the SPGPPS at that time.

The Commonwealth Department of Veteran Affairs recently joined the SPGPPS and is currently considering how it might best contribute to the ongoing functioning of the group.

The next few months will be devoted to the staffing and fit out of the Secretariat.

Staffing

Mr Phillip Taylor, previously the Senior Adviser to the Federal AMA Medical Practice Department, has signed a 3-year contract to undertake the role of Executive Officer for the SPGPPS.

Phillip has been with the AMA for 13 years and has worked in the health sector as a clinician, administrator, policy analyst and adviser. He has been responsible for the effective management of the SPGPPS for the past five years.

The SPGPPS advertised for an Administrative Officer for the Secretariat on 3 February 2001 and it is anticipated that a successful applicant will be appointed in March.

Fit Out

The Federal AMA is co-ordinating the fit out of the Secretariat on the 3rd Floor of its head office at 42 Macquarie Street, Barton in the Australian Capital Territory. It is expected that this task will be completed by 12 March.

This is a highly strategic location that places the SPGPPS Secretariat on the edge of the parliamentary triangle in Canberra.

Official Opening and Cocktail Party

The SPGPPS will host a cocktail party to coincide with the 2001 SPGPPS Forum. All stakeholders attending the Forum will be invited to attend the cocktail party and to visit the Secretariat. A date for the Forum will be finalised at the 23 February meeting of the SPGPPS.

SPGPPS Website

At present there is an interim SPGPPS Internet site under the auspice of the AMA Website. While this has been a useful interim measure, the SPGPPS is working toward establishing an easily accessible dedicated SPGPPS website, with links to other appropriate sites.

The website will be developed and maintained by the Secretariat.

For further information contact:
Mr Phillip Taylor
Executive Officer
SPGPPS

Implementing the SPGPPS Data Collection and Analysis Project

Mr Allen Morris Yates

The SPGPPS Data Collection and Analysis Project aims to put in place systems for the routine collection of data that will enable the relative effectiveness of various models of service delivery in the provision of mental health care services in private hospitals to be determined. The Project also aims to simplify overall hospital data collection requirements.

Stage One

Stage One of this Project was completed in May 2000 with the publication of the report titled:

A National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private Psychiatric Services.

This Report was widely distributed throughout the private sector and included the material required to enable the implementation of the National Model to proceed in two phases over a period of three years.

Stage Two - Implementation

The Commonwealth, Health Funds, and Private Hospitals subsequently agreed to contribute to the funding necessary to implement the National Model, and to establish a *Centralised Data Management Service* (CDMS) within the National SPGPPS Secretariat, at the offices of the Federal AMA in Canberra.

An agreement was prepared to facilitate this process and secure the services of Mr Allen Morris-Yates to manage the implementation of the National Model and the CDMS. The AMA, CDHAC, APHA and AHIA are the SPGPPS parties to this agreement.

It is anticipated that this agreement will be signed shortly after the meeting of the SPGPPS to be held on 23 February 2001. If all goes well, Allen will be able to take up the appointment as the officer principally responsible for the tasks involved with implementation in early June 2001.

Phase One

This phase will involve the initiation of the actual data collection and reporting process to reach a stage where:

1. Hospitals are able to submit the Minimum Data Set and the Outcome Measures to both Health Funds and the proposed Centralised Data Management Service (CDMS) commissioned by the SPGPPS.
2. Health Funds are able to submit complete Hospital Casemix Protocol (HCP) data regarding separations from participating Hospitals to the CDMS.
3. The CDMS is able to return the results of the standard analyses to participating Health Funds and Hospitals on a regular basis.

Phase Two

Phase Two takes the data collection from implementation into routine operation and ongoing evolutionary development.

This phase will involve refinement of the data collection, together with the development of the analysis side of the CDMS so that it is able to quickly clarify and respond to the various stakeholders' information requirements.

In the second phase, the objective is to take the implementation of the National Model to a stage where:

1. The quality of the data submitted by Hospitals can be assured.
2. The content, format and pattern of return of the regular reports has been refined and standardised through a consultative process based on at least 12 months (ie, four quarters) use of the reports by stakeholders.
3. The functions of the CDMS have been extended beyond the simple return of standardised quarterly reports to include ad hoc queries and more complex statistical analyses designed to assist the various stakeholders in meeting their shared objectives.

For further information contact:

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Tackling Consumer and Carer Participation in the Private Sector

Ms Janne McMahon

A substantial proportion of Australians (approximately 450,000), with a mental health problem or mental disorder, are currently treated by specialist private psychiatric services and yet little is known of the level of consumer and carer participation in these services.

The increasing number of Australians who seek care in the private sector have to contend with:

- the impact of changes in health insurance legislation on the funding of private inpatient and community-based services;
- variation in funding coverage of psychiatric services between health insurance funds; and
- potential limitation in access to services as a result of tendering processes for psychiatric services.

While attempts are being made to correct the deficiencies of current representational structures for consumers and carers, it remains difficult for partnerships between the public and private sector to be progressed.

The private sector must act now to develop mechanisms to facilitate improved participation for consumers and their carers in private sector mental health services. The *SPGPPS Consumer and Carer Participation Projec*t will assist private sector stakeholders to address the current situation.

SPGPPS Consumer and Carer Participation Project

This Project aims to have some long-term impact on the relationships between consumers, carers and the providers and funders of private sector mental health care services.

This goal can only be achieved by developing a clear understanding of the current situation, the barriers that exist, and how such barriers can be overcome. In particular, the nature of these barriers needs to be made explicit.

By understanding both the nature of the barriers and the contexts that create and maintain them, we can work together to remove them. This approach will facilitate ownership of the processes and cultural change required, to incorporate consumer and carer participation into models of best practice appropriate for the private sector.

Methodology

The tasks that make up the methodology for the Project include:

1. Identification and documentation of current opinion in the literature about barriers to consumer and carer participation and what has been done to overcome them.
2. Identification and documentation of current opinion about the barriers that exist according to the key stakeholders involved in the provision of private sector mental health care services.
3. Development and trial of best practice models to support the meaningful engagement of consumers and carers in the delivery of private sector mental health services
4. Adaptation of best practice models for the wider audience of private sector stakeholders, which will include psychiatrists and GPs in private practice, private hospitals with psychiatric beds and private health insurance funds.
5. Implementation and evaluation of best practice models by the relevant private sector stakeholders.

Funding the Project

At the end of 2000, the SPGPPS submitted a proposal to the Commonwealth Department of Health and Aged Care based on this approach.

The Commonwealth has indicated that financial changes within its Mental Health and Special Projects Branch will require the Proposal to be revised. It is anticipated that this Project will go ahead in mid 2001.

For further information contact:
Ms Janne McMahon
Chair
Consumer and Carer Participation Project Working Group

Quality Improvement Project

Ms Sue Feeney

Private sector mental health services perform an important role in the delivery of mental health care and will continue to do so in the future.

As mentioned earlier, approximately 450,000 people with a mental health problem or mental disorder, are treated by specialist private psychiatric services.

The vision of the SPGPPS is for a private mental health care system where consumers of these services receive high quality psychiatric care based on a commitment to an evidence-based approach and the ongoing improvement of outcomes.

To achieve this, the SPGPPS is committed to working with stakeholders to initiate a process of incremental change geared toward ensuring ongoing improvement in the quality of mental health care provided by the private sector.

Quality and effectiveness is a key area under the Second Plan of the National Mental Health Strategy and the SPGPPS Strategic Plan 2000-2003. It is crucial for the private sector to ensure ongoing improvement in the quality of mental health services it provides.

Aim of the Project

The *SPGPPS Quality Improvement Project* aims to assist stakeholders by examining what quality improvement mechanisms and processes currently exist and deciding, in an expert way, what is useful and what is not for private psychiatric services. We want to build what is useful into a framework to be able to better coordinate quality improvement activity within the private sector at the local, state and the national levels.

Objectives

Some of the objectives for the Project will include:

1. To broadly define what constitutes quality and efficiency for private sector mental health services and determine the most appropriate quality improvement tools and techniques for use in the private sector setting.
2. To build on the *National Model for the Collection and Analysis of a Minimum Data Set for Private, Hospital-based, Psychiatric Services*.
3. Review the *National Mental Health Standards* and their appropriateness for adoption in private sector psychiatric services.
4. Facilitate the development of education and training initiatives in the implementation of outcome measurement and continuous quality improvement for health professionals working in the private sector.
5. To determine what sort of information needs to be provided for consumers and carers on the quality of the mental health services available in private sector.

It is expected that the outcome of the Project will be an overall evaluation of what quality improvement mechanisms and processes should be routinely built into the delivery private sector mental health services and how to adapt these where necessary.

Information gained through the Project will be disseminated by means of the SPGPPS process throughout the private sector.

Funding the Project

Last year, the SPGPPS submitted a proposal for funding the Project to the Commonwealth Department of Health and Aged Care, Mental Health and Special Programs Branch.

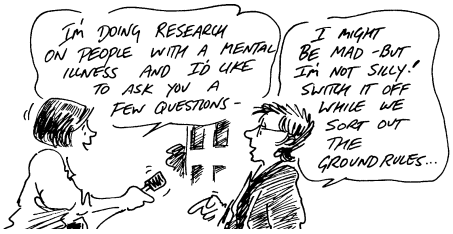
In responding, the Commonwealth has indicated that it is supportive of the Project.

Changes to the financial situation of the Branch will, however, require the SPGPPS to revise the Project proposal. It is expected that the Project will be undertaken in mid 2001.

For further information contact:
Ms Sue Feeney
Chair
Quality Improvement Project Working Group.
SPGPPS

The Community Development Project (CDP)

> ***"When people not used to speaking out are heard by people not used to listening, then real changes can be made"***
>
> **John Obrien in *The Kit* -Knowledge and Attitudes Booklet p.1**



From *The Kit*, page 124

Ms Merinda Epstein

Consumers and carers are increasingly asking for an enhanced role within the mental health sector as well as taking their place as community leaders in the struggle against stigma and discrimination. Since the development of the First National Mental Health Strategy consumers and carers have taken an increasingly active role in policy development, service delivery, evaluation and accreditation processes as well as professional education activity.

The CDP is a significant national project, funded in two phases by the Commonwealth Department of Health and Aged Care. The aim of the CDP is to put in place strategies and resources that will enable consumers and carers to participate more constructively through the development of increased knowledge and skills. During the first phase of the project *The Kit – a guide to the advocacy we choose to do*" was developed.

The second phase of the CDP has recently been contracted to the Mental Health Council of Australia (MHCA). The MHCA is committed to the involvement of consumers and carers in all aspects of mental health delivery across both the public and private sectors. The CDP will explore best practice in consumer and carer education and will document positive initiatives that are emerging at a local level.

The MHCA believes participation is a fundamental right of all consumers and carers. Training and qualifications in community development are not prerequisites for participation, however, benefits of training for consumers and carers are widely acknowledged. *The Kit* has been developed as a self access tool and training is not needed to use *The Kit*. However, as with any resource, the skills and confidence of the person using the resource can be enhanced by training through interactive learning processes.

More information about the CDP can be gained by contacting Merinda Epstein at the MHCA on merinda.epstein@mhca.com.au or on (02)6285 3100.

The Kit comes in an attractive hard cover ring binder and contains 380 pages of useful information. It is separated into two main sections:

1. A Knowledge and Attitudes booklet which contains information about advocacy and

about mental health and higher education systems in Australia; and

2. A Skills, Strategies and Tools section containing five subsections of 'How To' information including such topics as:
   - Assertiveness
   - Creating a personal advocacy plan
   - Reflection and evaluation
   - Personal administration and organisation
   - Note-taking and minute-taking
   - Working with the media
   - Being a committee member
   - Starting up a group
   - Creating networks
   - How to influence people
   - Identifying and overcoming barriers
   - Finding relevant information
   - Developing a newsletter

Free Access Centres

The MHCA is interested in ensuring people have access to *The Kit*. The CDP will develop a network of free access centres around Australia. The MHCA will promote each access centre on the CDP website (accessible through the MHCA website—www.mhca.com.au) and in printed promotional material.

To buy *The Kit*

Copies are available from the MHCA at a cost of $46.80 per copy (inclusive of GST, packing and postage) within Australia.

For enquiries and brochure please contact:
MHCA Secretariat
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How to Contact the SPGPPS Stakeholders

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Commonwealth Department of Health & Aged Care, Mental Health Branch & Special Programs Branch

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SPGPPS News provides a brief summary of issues being progressed under the auspice of the SPGPPS process. Copies of full draft reports on the most recent meetings of the SPGPPS can be viewed on the internet at:

http://domino.ama.com.au/DIR0103/MentalH.nsf/Mental+Health